

REQUEST FOR PRIVILEGE TO CHARGE TIPPING FEES AT THE GALLATIN COUNTY LOGAN LANDFILL

A security deposit of \$500.00 must accompany this application. Please submit application and security deposit to Solid Waste Management District, PO Box 461, Three Forks, MT 59752. You will be notified of your account status by mail.

Applicant Name/Business Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address (if different from mailing): _____

Phone: () - _____

Fax: () - _____

E-Mail: _____

We request that our company be allowed to charge tipping fees at the Gallatin County Landfill at Logan.

Our request is based on the following information:

Date of Request: _____

Estimated Number of Loads per Month: _____

Estimated Number of Tons per Load: _____

Date of Last Load: _____

The following is the name of our bank where payments will be drawn on and three credit references. We give the county authority and authorize the bank and credit references to release financial, payment, and credit information to the county. Please provide names, addresses, and telephone numbers.

Bank: _____

Reference 1: _____

Reference 2: _____

Reference 3: _____

Charge account at the landfill provided the following criteria is met.

- Must be a legitimate business
- Security deposit based on estimated one month tonnage from vendor with a minimum of \$500.00. Security deposit may be refunded at

termination of customer's privileges and full payment of all invoices is made

- **The landfill will bill for actual tons and customer must pay from invoice within 20 days. Failure to pay is grounds for termination of privileges and revocation of security deposit.**

We understand that we will be billed on a monthly basis. We know that failure to make full payment by the 30th of each month will result in termination of the privilege to charge tipping fees at the Logan Landfill.

We are aware that a finance charge of 1.5% per month, not to exceed an annual rate of 18% will be assessed on accounts 60 days past due.

Signature: _____

Title: _____

Date: _____

The following to be completed by the Logan Landfill Business Office

Date:

Bank verification:

Date: Credit Check #1:

Person contacted:

Rating:

Comments:

Date: Credit Check #2

Person contacted:

Rating:

Comments:

Date: Credit Check #3

Person contacted:

Rating:

Comments:

Credit Check Completed by:

Name

Title

For Solid Waste Management District Use Only

Approval Date: _____

Denial Date: _____

Signature of Manager/Board Chairman: _____

Date Submitted to Board according to policy: _____

Updated: April 19, 2007

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